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PTO/SB/50 (02-01)
Approved for use through 01/31/2004. OMB 0651-0033
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	VMIC-002RE
	First Named Inventor	Valerie Arem
	Original Patent Number	6,131,205
	Original Patent Issue Date (Month/Day/Year)	10/17/2000
	Express Mail Label No.	EL 780049619 US

APPLICATION FOR REISSUE OF: ☒ **Utility Patent** ☐ **Design Patent** ☐ **Plant Patent**
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/ 56) (Submit an original, and a duplicate for fee processing)	10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input checked="" type="checkbox"/> Original U.S. Patent for surrender
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	<input checked="" type="checkbox"/> Ribboned Original Patent Grant
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	<input type="checkbox"/> Statement of Loss (PTO/SB/55)
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
6. <input type="checkbox"/> Power of Attorney	13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
7. Original U.S. Patent currently assigned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, check applicable box(es))	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
<input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	15. <input checked="" type="checkbox"/> Preliminary Amendment
<input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)	16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table	17. Other: .Statement..Concerning
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)	.Reissue Application.....
a. <input type="checkbox"/> Computer Readable Form (CFR)	Certificate of Correction
b. Specification Sequence Listing on:	
i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or	
ii. <input type="checkbox"/> paper	
c. <input type="checkbox"/> Statements verifying identity of above copies	

18. CORRESPONDENCE ADDRESS

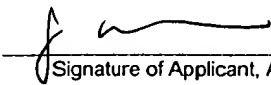
☐ **Customer Number or Bar Code Label** or ☒ **Correspondence address below**
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NAME (Print/Type)	Gina N. Shishima	Registration No. (Attorney/Agent)	45,104
Signature		Date	8/6/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) VMIC:002RE		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 18	Total Claims (37 CFR 1.16(j))	(B) 31	**** 11 =	x \$ 9 =	99	or	x \$ ____ =	
(C) 2	Independent claims (37 CFR 1.16(i))	(D) 4	• 1 =	x \$ 40 =	40		x \$ ____ =	
Basic Fee (37 CFR 1.16(h))					\$355		\$ ____	
Total Filing Fee					\$494	OR	\$ ____	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ ____ =		x \$ ____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ ____ =		x \$ ____ =	
Total Additional Fee					\$	OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>50-1212/101049527GNS</u> A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>494.00</u> _____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;"> <p><u>9/6/01</u> Date</p> </div> <div style="width: 50%; text-align: center;"> <p> Signature of Applicant, Attorney or Agent of Record</p> <p><u>Gina N. Shishima, Reg. #45,104</u> Typed or printed name</p> </div> </div>								

UNITED STATES PATENT AND TRADEMARK OFFICE
CERTIFICATE OF CORRECTION

PATENT NO. : 6,131,205
DATED : October 17, 2000
INVENTOR(S) : Arem

jc997 U.S. PTO
09/923127



It is certified that error appears in the above-identified patent and that said Letters Patent is hereby corrected as shown below.

In claim 1, column 5, line 17, please insert -- substantially unstitched -- before "top edge" therefor.

In claim 1, column 5, line 19, before "left edge" please delete -- substantially unstitched -- therefor.

In claim 13, column 6, line 18, please delete "unstitched" and insert -- unstitched -- therefor.

In claim 13, column 6, line 18, please delete "unstitched" and insert -- unstitched -- therefor.

In the specification, column 2, line 2, please delete "comprising" therefor.

In the specification, column 3, line 28, please delete "may used" and insert -- may be used -- therefor.

Signed and Sealed this

First Day of May, 2001

Nicholas P. Godici

NICHOLAS P. GODICI

Acting Director of the United States Patent and Trademark Office



Attest:

Brenda Moore

Attesting Officer

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:
Valerie Michelle Arem

Serial No.: Unknown

Filed: August 6, 2001

For: INVISIBLE POCKET

Group Art Unit: Unknown

Examiner: Unknown

Atty. Dkt. No.: VMIC:002RE

Reissue Application for Patent No. 6,131,205

EXPRESS MAIL MAILING LABEL

NUMBER EL611001175US

DATE OF DEPOSIT August 6, 2001

STATEMENT CONCERNING REISSUE APPLICATION

Commissioner for Patents
Washington, D.C. 20231

Commissioner:

Applicants respectfully submit this statement concerning purpose for reissue application in the above-referenced case.

This Reissue Application is submitted to correct errors in U.S. Patent No. 6,131,205, which include the Patentee claiming more or less than the patentees had a right to claim in the patent. Applicant is unaware of any restriction requirement in this case.

The Specification of the patent is presented in double-column format. The Certificate of Correction is also included.

Applicants submit herewith a check for the basic filing fee for the Reissue Application. If the check is inadvertently omitted or should any additional fees under 37 C.F.R. §§ 1.16 to

1.21 be required for any reason, the Assistant Commissioner is authorized to deduct said fees from Fulbright & Jaworski L.L.P. Deposit Account No.: 50-1212/10104952/VMIC:002RE.

Please forward any reply to this communication directly to the address below:

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Respectfully submitted,



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Date: August 6, 2001

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